UNITED STATES DISTRICT COURT DISTRICT OF OREGON

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IN R	E GALENA BIOPHARMA, INC	APPLICATION FOR SPECIAL
SECT	JRITIES LITIGATION,	ADMISSION - PRO HAC VICE
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Auor	ney Jonathan Horne	requests special admission pro hac vid
ove-cap	tioned case.	, ,
ove-cap ication ements	dioned case. of Attorney Seeking <i>Pro Hac Vic</i> of LR 83-3, and certify that the foll	e Admission: I have read and understand the
ove-cap	of Attorney Seeking Pro Hac Vic of LR 83-3, and certify that the foll PERSONAL DATA:	e Admission: I have read and understand the owing information is correct:
ove-cap ication ements	of Attorney Seeking Pro Flac Vic of LR 83-3, and certify that the foll PERSONAL DATA: Name: Horne	Admission: I have read and understand the owing information is correct: Jonathan
ove-cap ication ements	of Attorney Seeking Pro Hac Vic of LR 83-3, and certify that the foll PERSONAL DATA: Name: Horne (Last Name)	e Admission: I have read and understand the owing information is correct: Jonathan (First Name) (MI) (Suffx)
ove-cap ication ements	of Attorney Seeking Pro Hac Vic of LR 83-3, and certify that the foll PERSONAL DATA: Name: Horne (Last Name)	e Admission: I have read and understand the owing information is correct: Jonathan (First Name) (MI) (Suffx)
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ove-cap ication ements	of Attorney Seeking Pro Flac Vicof LR 83-3, and certify that the following PERSONAL DATA: Name: Horne (Last Name) Firm or Business Affiliation: Th	e Admission: I have read and understand the owing information is correct: Jonathan (First Name) (MI) (Suffix) Re Rosen Law Firm adison Avenue, 34th Floor
ove-cap ication ements	of Attorney Seeking Pro Hac Vicof LR 83-3, and certify that the following PERSONAL DATA: Name: Horne (Last Name) Firm or Business Affiliation: The Mailing Address: 275 Mailing Address: City; New York	e Admission: I have read and understand the owing information is correct: Jonathan (First Name) (MI) (Suffix) Re Rosen Law Firm

(2)	BAR ADMISSIONS INFORMATION:					
	(a) State bar admission(s), date(s) of admission, and bar ID number(s): New York State Court, 3/31/2010, 4822847					
	(b) Other federal court admission(s), date(s) of admission, and bar ID number(s): U.S. District Court SDNY, 5/10/2010					
	U.S. District Court EDNY, 6/14/2010					
	U.S. District Court Colorado, 2/4/2011					
(3)	CERTIFICATION OF DISCIPLINARY ACTIONS:					
	(a) I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or					
	(b) I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)					
(4)	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:					
	I have professional liability insurance, or financial responsibility equivalent to liability insurance, that will apply and remain in force for the duration of the case, including any appeal proceedings.					
(5)	REPRESENTATION STATEMENT:					
	I am representing the following party(s) in this case:					
	Kisuk Cho, Anthony Kim, Pantells Lavidas, Alan Theriault, and Joseph Buscema					

(6)	CM/ECF	REGISTR	ATION
(0)	CMRECE	KEGISTK	ATIUN

Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (See the Court's website at <u>orduscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 28 day of January 2015

(Signature of Pro Hac Counsel)

Jonathan Horne
(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this	day of Feb	ruary	2015			
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		(Siz	znature of Logal Counse	:1)		
Name: Ratliff (Last Name)	XXX	Jeffrey	10		3 <i>M)</i>	
		(First Name)		ζλ	AI)	(Suffix)
Oregon State Bar Number: 2				***************************************		************************
Firm or Business Affiliation:	Ransom, Gill	oertson, Ma	rtin & Ratliff		de la la companya de	
Mailing Address: 1500 NE	Irving Street,	Suite 412				
City: Portland		S	tate: OR	Zip:	97232	
Phone Number: 503 226 3664						
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